

**Emergency Department and Ambulatory Surgery  
Data Elements to be reported**

Facility Identification Number  
Abstract Record Number (optional)  
Patient's Social Security Number  
ZIP Code  
Date of Birth  
Sex  
Race  
Ethnicity  
Service Date

Disposition of Patient  
Expected Source of Payment  
Principal Diagnosis  
Other Diagnoses  
Principal E-Code  
Other E-Codes  
Principal Procedure (*CPT-4*)  
Other Procedures (*CPT-4*)